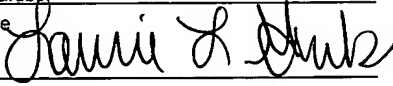


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Volk r t A. Zeijlemaker**
TITLE: **CONTROLLING TELEMETRY DURING MAGNETIC RESONANCE IMAGING**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, *EXPRESS No. EV 323 971 996 US, on this 29th day of September, 2003.

17958 U.S. PTO
10/673934
09/30/03

Laurie L. Gruba
Printed Name

Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ **Patent Application Transmittal**
- ☒ **Specification:**
Total pages: 26 (including claims and abstract: Spec. 19 sheets; Claims 6 sheets; Abstract 1)
- ☒ **Drawings:**
Total sheets: 6
☒ formal ☐ informal
- ☒ **Combined Declaration and Power of Attorney:**
☒ unexecuted
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- ☒ **Accompanying application parts:**
☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
☒ Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. .
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--
- ☐ Canc I in this application original claims ____ of the prior application befor calculating the filing fee. (At least the riginal independent claim must be retain d for filing purpos s.)
- ☐ The prior application is assigned f record t Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: .

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

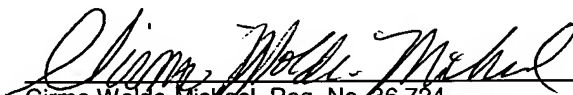
X Address all future correspondence to: Girma Wolde-Michael, Reg. No. 36,724
Telephone: (763) 514-6402
No. 27,581

FEE CALCULATION	No. of Claims Filed		Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	28	20	=	8		x 18	144.00
Independent Claims	9	3	=	6		x 84	504.00
Multiple Dependent Claims					0	+ 280	
Basic Filing Fee							\$750.00
TOTAL							1398.00

X Charge Deposit Account No. 13-2546 in the amount of **\$1398.00** for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

09/29/03
Date


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